

Via US Postal Service Certified Mail Return Receipt 7007 0710 0003 4352 3299 JPS Main Hospital attn.: Rhonda Powledge 1500 S. Main Street Fort Worth, Texas 76101

1/11/2019

Re: Contract: US40821 – Elevator Safety

Units #20 Unit Serial: US263015 & #21 Unit Serial: US263017

It has come to our attention that personnel at the JPS Main Hospital have recently been working on or resetting the elevator(s) that are currently the subject of an elevator maintenance agreement with thyssenKrupp elevator. An elevator is a complicated piece of equipment and, as such, elevator-related repairs performed by untrained individuals can put the safety of these maintenance personnel and the riding public at risk. With that in mind, we strongly urge you to take whatever steps necessary to immediately discontinue this practice, including but not limited to communicating with all of your maintenance personnel that such actions are and will continue to be strictly prohibited. We must also remind you that JPS Main Hospital will remain solely liable for any incident including personal injury or property damage (including damage to the elevator system itself) resulting from or related in any way to any work performed on these elevators by anyone other than a thyssenKrupp elevator technician and that thyssenKrupp elevator. Finally, should this practice continue, you will leave us no choice but to evaluate our options under the parties' agreement and the law.

We want to remind you that thyssenKrupp elevator not only values its relationship with JPS Main Hospital, but just as importantly, the safety of its guests and employees. If you have any questions regarding this matter, please do not hesitate to contact me at (817)690-1630

Sincerely, thyssenkrupp elevator

Rick Karnes
Service Operations Manager, Fort Worth Branch, Central Region
ET-AMS/FLD

T: 682 253 3425, M: 817 690 1630, <u>rick.karnes@thyssenkrupp.com</u>
Thyssenkrupp Elevator, 7425 Pebble Dr, Fort Worth TX, 76118, www.thyssenkruppelevator.com



Service Request Number: 38020608 Billable: No Task Number: 18297725, TKE Callback Work Complete Reported: 28-NOV-2018 07:40:46 AM **Branch Address:** Route No.: P*005 Branch #106650 Mechanic: MASON, RANDAL 7425 PEBBLE DRIVE. Contract No.: US40821 Fort Worth, TX, 76118 Unit Serial No.: US263015 **Branch Phone Number:** Unit Nick Name: ELEVATOR 20 817-922-9590 Customer PO: NO **Customer No.:** Caller Name: 132493 KATHY PRUISNER **Customer:** Caller Phone No.: TARRANT COUNTY HOSPITAL DISTRICT Location: 8177021371 JPS MAIN HOSPITAL 1500 S MAIN ST, FORT WORTH, TX, 76104-4917

Caller Remarks

ELEV 20 UNKNOWN AMOUNT OF PASSENGERS TRAPPED ON LOWER LVL NO INJURIES KATHY PRUISNER 8177021371

Resolution

28-NOV-18: SVG005863078

28-NOV-18: Removed passengers after building generator tests, reset, monitored, and RTS

					Labor Time ar	nd Expenses			
Line		Labor	Type		Date	Start Time	End Time	Expense	Status
Type	1.0	1.5	1.7	2.0				Amount	
LABOR	4				28-NOV-2018	07:00:00 AM	11:00:00 AM		P

Labor Summary		
Labor Type	Hours	
1.0	4	
Total	4	

Customer Signature	(<u>A</u>	Mechanic Signature	*
Signed By	Plant Ops		

This document contains preliminary information regarding the work performed, and the time allotted for such work. Upon review, final adjustments may be made consistent with customer's service agreement.

so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. B. Received by (Printed Name) C. Date of Deliver or On the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No JPS Main Hospital Attn: Rhonda Powledge 1500 S. Main Street 3. Service Type Certified Mail Express Mail	ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
4. Restricted Delivery? (Extra Fee)	item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: JPS Main Hospital Attn: Rhonda Powledge 1500 S. Main Street	B. Received by (Printed Name) C. Date of Delivery Addressee G. Barwing JAN 1 4 2019 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.